



The Commonwealth of Massachusetts
Department of State Police
Certification Unit
485 Maple Street, Danvers, MA 01923
(978) 538-6128

AUTHORIZATION FOR RELEASE OF INFORMATION RELATIVE TO SPECIAL STATE POLICE
OFFICER AND STATE POLICE MUNICIPAL ACADEMY TRAINING AND LICENSURE FOR
PRIVATE INVESTIGATORS AND WATCHMEN

PLEASE ACCURATELY COMPLETE THE FOLLOWING INFORMATION:
(Print clearly in ink or type)

NAME: _____
First Name Middle Initial Last Name

PREVIOUS NAME OR ALIAS (Include Maiden name): _____

RESIDENTIAL ADDRESS: _____
(Not a Post Office Box) Number Street

City/Town State Zip Code

MAILING ADDRESS (If Different): _____

HAVE YOU EVER RESIDED IN ANOTHER STATE? _____ IF YES, WHERE? _____

SOCIAL SECURITY NUMBER: _____ DRIVERS LICENSE NUMBER: _____

DATE OF BIRTH: ____ / ____ / ____ PLACE OF BIRTH: _____

I, _____, do hereby authorize a review of a full disclosure and/or release of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Department of State Police, whether the said records are public, private or confidential in nature.

The intent of the authorization is to give my consent for a full and complete disclosure and/or release of records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances wherever filed by me or against me, and salary records; real and personal property tax statements and records, and other financial statements and records whenever filed; records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have an interest.

I fully acknowledge and understand that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Department of State Police. It is my specific intent to provide full access to personal information, however personal or confidential it may be, and the sources of information specifically identified herein.

I understand that all materials pertaining to this background investigation become the property of the Department of State Police and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

On this, the _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared _____, proved to me through satisfactory evidence of identification, which was/were _____ to be the person whose name is signed on this document and who swore or affirmed to me that the contents of the Document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public

Signature: _____

Street Address _____

City: _____

State: _____

Zip Code: _____